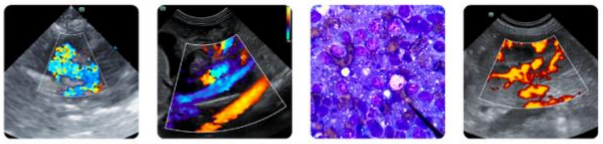

PATIENT

Allez McCown

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

17 Years

WEIGHT

12.5 pounds

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

VCA McKenzie Animal Hospital- Oregon

REFERRING VET

Dr. Arpaia

INVOICE

13019

DATE

01/08/2026

PRESENTING CLINICAL SIGNS

Hx of IRIS stage 2 renal disease since 2022, hyperthyroidism since 8/04- not currently well regulated, Hx lymphoplasmacyte stomatitis- unconventional w/ full mouth extractions- currently not active. New systolic murmur, gallop rhythm. Meds: Prednisolone 2.5mg eod, Methimazole 5mg am, 2.5 pm transdermal, Gaba 100 mg prior to visit

Abnormal PE/Chem/CBC/UA Results: 12/31/25- T4- 5.3 (0.8-4) BUN 41, BP 204 mmHg, 148/65 (127, 142/80/124, 137/68/114

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

FELINE CARDIAC PARAMETERS	**BODY WEIGHT** (lbs)	**HR** (BPM)	**IVSd** (cm)	**LVIDd** (cm)	**LVWd** (cm)	**FS** (%)	**EF** (%)
NORMAL PARAMETER	------	150-240	0.3-0.6	1.0-2.1	0.25-0.6	35-67	80-100
PATIENT	12.5	161	0.48	1.75	0.48	41	75
FELINE CARDIAC PARAMETERS	**LA/AO** (M-mode)	**LA/AO HEART BASE** (Sisson)	**LAD** LA MAX 4 Chamber		**LVOT VEL.** (m/s)	**RVOT VEL.** (m/s)	**IVRT** (m/)
NORMAL PARAMETER	<1.5	1.6	0.7-1.7		<1.6	<1.3	40-60
PATIENT	1.1	1.1	1.2		1.45	1.0	NM

Adapted from June Boon,Veterinary Echocardiography,1998
Sisson D et al. JVIM 1991; 5: 232, Jacobs et al. Am J Vet Res 1985; 46:1705

Cardiac Presentation

The echocardiogram in this patient demonstrated normal **left atrial** dimension based on 3 separate LA measurements. The cranial and caudal **mitral** valve leaflets presented normal linear structure and kinetics. No overt MR or evidence of systolic anterior motion (SAM). The **left ventricle** presented normal thicknesses with linear contour and was not dilated nor restricted. The **myocardium** presented normal echogenicity without subjective evidence of significant fibrotic or ischemic disease. **Contractility** of the ventricular walls was adequate and in normal range for this patient evidenced by the fractional shortening measurement and subjective evaluation of the different regions and angles of the myocardium. The **left ventricular outflow** tract demonstrated normal laminar flow and subjective structural integrity. Normal measured LVOT velocity. The **right atrium** and auricle revealed normal size, structure and content. No evidence of masses was noted or chamber overload. **Tricuspid** valvular assessment demonstrated adequate linear morphology and kinetics. No overt TR on doppler. The **right ventricle** was of normal size (1/3 diameter of LV), chordae structure, myocardial echogenicity and thickness. **Pulmonic** tract assessment revealed normal valve structure, laminar flow, and diameter (approx.1:1 pa/ao ratio). Normal measured RVOT velocity. No visible **pericardial** or free pleura fluid was noted or extra cardiac pathology in the visible planes. The cranial **mediastinum and pericardial regions** were free of masses in the visible window. No evidence of arrhythmia.

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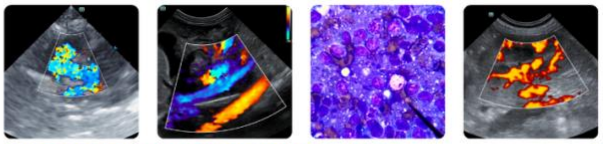

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Educational Teleconsultation Services™

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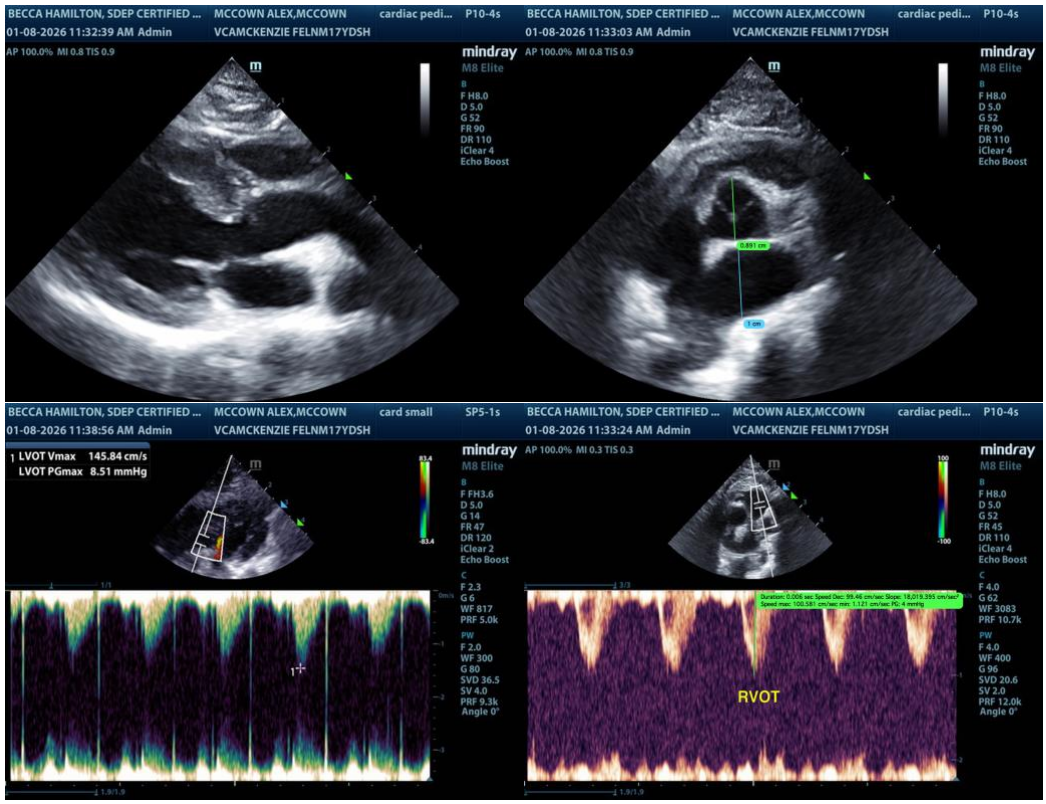
ULTRASONOGRAPHIC FINDINGS

- Normal cardiac structure/function.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of left or right heart chamber enlargement, LV systolic dysfunction, HCM criteria or other cardiomyopathy. A definitive cause of the murmur was not obvious. Assuming no dehydration or anemia, a benign flow murmur is probable although a small flow abnormality is not excluded. Regardless, the hemodynamic effects of the murmur are low. Correlation with ECG assessment is recommended. No indication for cardiac medications. No current contraindications to steroid therapy. Sonographic monitoring is suggested given the clinical history with recheck echo suggested in six months or sooner if clinically indicated.



The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@SonoPath.com

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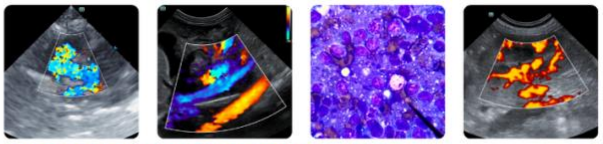

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